04414

Alaska Department of Revenue Permanent Fund Dividend Division

Address	Change	Form
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PFD Division Use Only	

Use this form to change your address with the Permanent Fund Dividend (PFD) Division. The PFD Division will apply this address change to current year records and any other prior year records that have not been paid or closed. Attach a letter if you want this address change applied differently. You must be an adult (18 or older) or emancipated to change an address.

New Mailing Addı	ress		New Physical Address		
Street/PO Box		Apt #	Street	Apt #	
Dity		State Zip Code	City	State Zip Code	
Country (if not USA)		Postal Code (if not USA)	Country (if not USA)	Postal Code (if not USA)	
Apply the addre	ss change	for each individual	listed below:		
First Name	MI	Last Name	Social Security Number	Date of Birth (MM/DD/YY)	
First Name	МІ	Last Name	Social Security Number	Date of Birth (MM/DD/YY)	
First Name	MI	Last Name	Social Security Number	Date of Birth (MM/DD/YY)	
First Name	MI	Last Name	Social Security Number	Date of Birth (MM/DD/YY)	
First Name	MI	Last Name	Social Security Number	Date of Birth (MM/DD/YY)	
		e the address of the person e, I must attach a Power c	(s) listed above. If I did not file for of Attorney.	the person(s) listed above o	
	Adult Signature		Date	Daytime Telephone Number	
	Printed name of th	e person who signed	Social Security Number	Date of Birth	
SIGNATURE IS REQUIRED FOR	Adult Signature		Date	Daytime Telephone Number	
ALL ADULTS 18 Printed nan		e person who signed	Social Security Number	Date of Birth	
AND OVER	Adult Signature	ana andra da camanga garan ang anaran ang garan ang da da da da anaran an ang ang ang	Date	Daytime Telephone Number	
	Printed Name of th	ne person who signed	Social Security Number	Date of Birth	

Send or deliver this completed form to:

Alaska Department of Revenue Permanent Fund Dividend Division 11th Floor, State Office Building PO Box 110462 Juneau, AK 99811-0462 Phone (907) 465-2326 Fax (907) 465-3470